

Hunterdon Hiking Club Liability Waiver and Sign-In Sheet

IMPORTANT - PLEASE READ THE FOLLOWING BEFORE YOU SIGN

- **COVID-19 waiver:** I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending a Hunterdon Hiking Club sponsored event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at a Club event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club officers, leaders, and program participants and their families.

I further acknowledge that I do not experience the symptoms of COVID-19 including, without limitation, fever, cough or shortness of breath, nor have a suspected or diagnosed/confirmed case of COVID-19, and I have not returned in the past 14 days from areas subject to a CDC Level 3 Travel notice, nor been in contact with any person returning from such areas or who has a suspected or confirmed case of COVID-19.

- **Liability Waiver:** I hereby waive and release all rights and claims for damages against the Hunterdon Hiking Club (HHC), and its officers, members and families personally for all infections or injuries which may be sustained by me or any family member(s) while participating in the program to which I am responding. I understand the content of the program and the risks of personal injury herein. I further agree to indemnify and hold harmless the Hunterdon Hiking Club and each of its members from any claim for infection or loss or damage or injury to myself or any member of my family arising from or in connection with any participation in the program listed below.

If I leave the event early, I agree to initial the sign in sheet as a notification of my departure.

- **Medical Assistance:** I understand there may be NO medical help on hikes. I give my permission for the HHC and its program participants to admit me or my family member(s) for EMERGENCY medical treatment that may become necessary as a result of a medical emergency during this program. I will tell a leader if I have any issue that could affect the hike. I will take full responsibility for my own well-being. No one but me is responsible for my safety when I choose to challenge my capabilities or personal health conditions. I take responsibility for having appropriate skills and physical conditioning, equipment and supplies for these activities.
- **Leader:** The activity leader reserves the right to terminate the activity or exclude a hiker if he/she believes the group or an individual's health or safety is in jeopardy or should there be other circumstances such as inclement weather, etc.
- **Transportation:** The hike begins and ends at the designated trailhead. Transportation to and from the trailhead is independently arranged.

Non-Member fee: The guest/non-member fee is \$1.00.

Leader: _____ ACTIVITY: _____ DATE: _____

PRINT NAME	SIGNATURE	YOUR CELL PHONE #	EMERGENCY CONTACT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Return this form and any fees collected to HHC, c/o Jeff Alte, PO Box 1247, Whitehouse Station NJ 08889.

(updated April 2026)